



APPLICATION FOR SPECIAL USE PERMIT

City of Manchester, 14318 Manchester Rd., Manchester, MO 63011

Ph: 636 227 1385, Ext. 107; Fax: 636 227 5438

REQUIREMENTS

Every application submitted to the Planning and Zoning Commission for review and approval **must contain** the following information:

- A non-refundable fee of \$300.
- Twenty (20) copies (plus one reduced 8 ½" x 11" or 11" x 17" copy) of a plot survey/sketch/site plan, to scale, showing lot(s) in question if the application involves anything outside of the existing building.
- Compliance with the Parking Regulations shall be shown.
- Printed legal description of property, if applicable.
- A list of property owners and their mailing addresses within 185 feet.
- The applicant's (or representative's) name and address who will appear before the Commission and Board.

If any information is incomplete or not provided, the proposal may not be scheduled for a Commission meeting.

PLEASE PRINT

PROPERTY OWNER			
ADDRESS			
PHONE		FAX	

CONTRACTOR/ APPLICANT NAME			
COMPANY NAME			
ADDRESS			
PHONE/EXTENSION		FAX	
PERMIT TO BE PICKED UP BY	<input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant/Contractor		

ADDRESS OF SPECIAL USE	
LEGAL DESCRIPTION OF PROPERTY	
LEGAL DESCRIPTION OF PROPERTY (continued)	
PROPOSED SPECIAL USE	
EXISTING ZONING	

I hereby certify that the information contained in this application and accompanying drawings and/or plats are correct, and that I will conform to all applicable laws of the City of Manchester.

Owner/Contractor _____ Date _____

PLANNING AND ZONING USE ONLY

City of Manchester Permit # _____

Approved By _____ Date _____
Director, Planning and Zoning and Economic Development